PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10632118

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2) minus 20=		*			X\$ 9=	9	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT									
			I all a series "O" in column 2				+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	394	OR	TOTAL		
CLAIMS AS AMENDED - PART II							SMALL E	ENTITY	OR	OTHER SMALL		
(Column 1)				(Colui		(Column 3)	, ,			1		ABBI
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
⋖	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM		_	+145=		OR	+290=	
								TOTAL	· ·	1	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3) .			•		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER MOUSLY OFOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	,
	Independent	*	Minus	***		_		X43=		OR	X86=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	.000	1
								+145=		OR	TOTAL	
								FOTAL ADDIT FEE		OR	ADDIT. FE	<u> </u>
		(Column 1)		(Colu	ımn 2 <u>)</u>	(Column 3	3.					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY DIFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	#**		=		X\$ 9=		OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=		X43=		OR	X86=	
\\	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	000	1
					:0:	olumn 5		+145= TOTAL		OR	+290= TOTA	
	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	ADDIT FE	
	The "Highest Nur	nber Previously Pa	aid For" (Total	or Indepen	ident) is th	ne highest num	ber fo	ound in the ap	propriate b	ox in c	olumn 1	